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ABSTRACT

The ramifications of father-daughter incest for both the victim and the entire family has been gaining well-deserved attention in recent years. Discovery of incest while it is occurring affords the opportunity to treat the family and individuals involved at the point of greatest potential impact. Certain characteristics of incestuous families have been identified, such as marital discord, a rigid boundary between the family and the outside world, and an intergenerational pattern of abuse. Individual therapy can be useful at various points in the family treatment of incest. Each parent can be helped to look more deeply at their individual dynamics and to reintegrate their split-off parts. The child victim should certainly be provided with individual therapy since she has internalized the dysfunctional family relationships, as well as experiencing the abuse. Overall, the family treatment of father-daughter incest must include an acknowledgment of the systematic patterns which set the stage for the abuse, as well as recognition that the internalized split-off parts in individuals represent various aspects of family trauma. The therapist must understand that the family patterns in abuse are internalized then recreated through mutual projective identification in the marital pair, and in the triangulation of the victim into that relationship. It is only when both the internal and external family patterns are exposed and reintegrated that the incestuous pattern can be arrested and the trauma healed. (Contains 28 references.) (ABL)

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Discovering Father-Daughter Incest as an Internal Depiction of Family Trauma

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The ramifications of father-daughter incest for both the victim and the entire family has been gaining well-deserved attention in recent years. Discovery of incest while it is occurring affords the opportunity to treat the family and individuals involved at the point of greatest potential impact.

Trepper and Barrett (1989) delineate several theoretical models which can be applied in the treatment of incest. Psychoanalytic approaches generally advocate the treatment of the victim alone, focusing on the internal sequelae of abuse. While this is essential in the care of the adult survivor, the child victim who discloses abuse still resides in, is influenced by and shows loyalty to the very family which has been the source of trauma. It is therefore essential that the family be included in treatment when possible to address the ongoing influences of the family.

A pure family systems model looks at interactive processes in the family which contribute to abuse, as well as at the function served for the system by the incest. Such a model certainly addresses dysfunctional family dynamics but may simultaneously downplay the responsibility and power of the perpetrator (Dell, 1989; Goldner, Sheinberg, Penn, & Walker,

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1990). In addition, the unconscious mechanisms which lead to such destructive interactions may be ignored. The internalized family relations which are not addressed may then get acted out in future generations (Calof, 1991).

A model which integrates both systemic and psychoanalytic understanding seems to best inform the complex treatment of a family with incest. This integrative theoretical model will be outlined, then clinical applications will be described.

In order to approach work with the incestuous family it is helpful to know characteristics of such a system. While no single pattern exists, certain commonalities have been described. Since it is beyond the scope of this paper to cover all these characteristics, this discussion will be limited to certain relevant issues. The highly sexualized nature of interactions in incestuous families has been noted (Finkelhor, 1978; Mrazek, 1981; Trepper & Barrett, 1989). Marital discord, including violence, is often evident (Anderson & Shafer, 1979; Criville, 1990; Giaretto, 1978; Trepper & Barrett, 1989; Truesdell, McNeil, & Deschner, 1986). In the case of father- daughter incest, the victimized daughter is typically described as a parentified child (Anderson & Shafer, 1979; Cohen, 1983; Trepper & Barrett, 1989); that is, she takes on certain adult responsibilities and roles, and may serve as caretaker for her parents in many ways.

Incest-prone families also show an interesting pattern with regard to boundaries. Family boundaries, as described by

Minuchin (1974), are the "rules defining who participates and how" (p. 54). Boundaries separate what is inside a system or subsystem from what is outside. Generally, certain information should be allowed to permeate a boundary, while other information cannot. In the incestuous family there is typically a rigid, impermeable boundary between the family and the outside world, resulting in a high degree of isolation from outsiders (Swanson & Biaggio, 1985; Trepper & Barrett, 1989). At the same time, boundaries within the family are poorly defined (Burkett, 1991). The children, particularly the victim, have too much access to information that belongs within the confines of the parents' relationship. For example, the daughter in a family with incest may know details of the parents' sexual problems. Certainly the incestuous relationship itself represents a boundary violation.

Another characteristic of the family with incest is the intergenerational pattern of abuse. A study by Cavanaugh-Johnson (1988) showed that 49% of child perpetrators of sexual abuse had themselves been sexually abused. In 67% of the perpetrator's families, one or more of their parents or grandparents had been sexually abused. Other research shows that spouses of incest perpetrators also frequently come from physically and sexually abusive families (Burkett, 1991; Finkelhor & Williams' study, cited in Vanderbilt, 1992). Given this high incidence of intergenerational abuse, it is important to examine how the incest dynamic gets transmitted.

The family transmission process can be understood through the concept of projective identification, a term coined by Melanie Klein (1946) and elaborated upon by many others (for example, Grotstein, 1981; Racker, 1957; Searles, 1963). Projective identification is a mental mechanism which is used to transfer an intolerable part or parts of the self into an object. That is, an unwanted part is not just split-off but is seen to reside in another person with whom the projector has a close relationship. The unwanted part can then be observed, interacted with, or reacted to, such that what started as an internal process becomes an interpersonal one (Slipp, 1984). The mechanism of projective identification can be so powerful, according to Zinner (1989), that a collusive response can be evoked in the person receiving the projection. In other words, the person who introjects this split off part not only experiences the associated feelings but may begin to act in ways that are consistent with the projection.

When projective identification occurs in families, a more complex picture emerges. For example, if the external reality in the family parallels a child's internal reality, developmental fixation can occur (Slipp, 1984). According to Slipp (1984), a fixated or developmentally- delayed child is at greater risk for receiving projections due to poorer ego boundaries. Furthermore, the projections continue to effect the child's behavior and subsequently become internalized. What was once an interpersonal

process then becomes an internal one. When such a child grows up, she is more likely to utilize projective identification to try and shape others in her life to mirror her internal world. And so the process continues.

With this overview of projective identification, this mechanism in the incestuous family will now be addressed. The marital pair, consisting of the perpetrator and his wife, will first be examined.

Many characteristics have been ascribed to the perpetrator of father-daughter incest including impulsivity, sexual preoccupation and a high rate of alcoholism and/or drug abuse (Cohen, 1983; Finkelhor, 1978; Finkelhor & Williams' study, in Vanderbilt, 1992; Trepper & Barrett, 1989). Poor superego development is common, at least in part due to a lack of control and structure in the perpetrator's upbringing (Schacht, Kerlinsky, & Carlson, 1990). Of particular interest to this discussion is the father's own history of childhood abuse (Swanson & Biaggio, 1985). In a recent study by Finkelhor & Williams (in Vanderbilt, 1992), 70% of incestuous fathers admitted to being sexually molested as children. At the same time, most perpetrators for many reasons do not readily identify themselves as victims (Criville, 1990; Schacht et al, 1990). In part, men are socialized to be strong and powerful; being victimized is therefore not consistent with the masculine ideal. This may contribute to a man's identification with the aggressor

rather than the victim. In addition, the majority of male victims of sexual abuse are abused by men, arousing homosexual fears as well as the threat to masculinity if the molestation is acknowleged (Vander Mey, 1988). Furthermore, the perpetrator who was abused by his own parent may preserve his parent's authority by blaming himself for his own victimization. Only when a victim knows that his parent can tolerate his rage can he work through his shame. If this victimization is not adequately dealt with he may dissociate or split-off the experience, which then can be projected onto others and reacted against.

For the wife of the perpetrator, complimentary dynamics can be seen. She, too, frequently has an extensive history of physical and sexual abuse, but is much more identified with the victim role than is the perpetrator, perhaps due in large part to the socialization of inferiority feelings in women. Her childhood memories of abuse may be repressed or dissociated, but she lives out the victim role in her marital relationship. Research supports that many incest survivors end up in marriages where they are physically and emotionally abused, yet extremely dependent on their husbands (Trepper & Barrett, 1989; Truesdell et al, 1986). As wife to an abusive man, her history seems to repeat itself. It is important to remember that the dynamics behind this repetition are complex; repeating traumatic experiences can represent attempts at mastery, as well as the playing out of an internal victimized role (Davies and Frawley,

1992) . For purposes of this discussion, however, the focus will be on how early experiences are internalized, then repeatedly enacted interpersonally.

In this respect, the marital pair become involved in a sadomasochistic dance choreographed in part by projective identification. Each spouse chooses a partner that in certain ways resembles split-off parts of the self; the spouse's behavior is further shaped through projective identification which enhances that particular aspect of functioning. The husband projects his unacceptable victimized part onto his wife, whom he can abuse and yet simultaneously ward off his feelings of vulnerability. The wife keeps her internalized abuser alive by projecting it onto her spouse and reexperiencing her pain in the form of a repetition from her past. A clinical illustration follows.

Michael Smith met his wife, Tamara, when they were each finishing high school. Both came from severely abusive homes. Tamara's father and older brother incestuously abused her from ages 8 to 15; her mother was quite ill throughout her childhood. As a child, Michael had been molested by an uncle and his alcoholic father beat him severely. Michael and Tamara married with hopes of escaping their abusive pasts. Instead, the marital relationship recreated aspects of their families of origin.

Faced with the responsibility of a family to care for, Michael's feelings of deprivation from childhood were rekindled

since again, no one was taking care of his needs. He felt that Tamara did not help enough, and began to project his feelings of powerlessness and of being maltreated onto her. As the recipient of the projections, Tamara began to feel increasingly helpless, which awakened her early experience of victimization. Tamara's specific traumatic memories had been split off, and her internalized aggressor seemed unbearably toxic to her, such that she instead projected the victimizer part of herself onto her husband. As the recipient of her projections, Michael's aggressive feelings were bolstered. In addition, the more she acted like a victim, the more Michael's internal victim was aroused and then split-off further. He beat Tamara at times, and she sank into depression.

The collusive marital pattern just outlined points to a destructive relational dynamic in a family prone to incest. While this relational pattern represents only one contributing factor in intrafamilial sexual abuse, it is important to recognize in order to disentangle the interpersonal aspect of each spouse's internal conflicts. This in no way implies that the spouse of a perpetrator is somehow equally responsible for the abuse. Instead, as aptly stated by Goldner et al (1990), <u>both</u> an understanding of the relevant systemic/relational dynamics <u>and</u> a clear recognition of the victimizer's complete responsibility for the abuse must co-exist in the family treatment of violence and incest.

In examining the contribution of the collusive marital pattern to a family's vulnerability to incest, the question arises: how does the couple dynamic evolve into incestuous abuse of the daughter? According to Murray Bowen (1976), any dyad under stress will attempt to find stability by bringing in a third party. This process is known as triangulation. Slipp (1984) stated that couples who tend to use splitting and projective identification are locked into a feedback cycle which leaves them inherently unstable and therefore more vulnerable to triangulating one or more of the children. Conversely, the child who enters this triangle by definition becomes intimately connected to her parents, and particularly prone to receiving their projections. These projections tend to shape the developing personality of the child.

In the incest-prone family, the victim was probably identified at an early age as being quite mature and capable. This is facilitated by the parents, who, because of deprivation in their past, project some of their own caretaking abilities onto the daughter in order to be cared for by her. A study by Burkett (1991) supported this idea, showing that women who were sexually abused as children showed a tendency toward role reversals with their own children. The study suggested that these women had internalized their parents' expectations that children meet the adult's dependency needs. Children who take

care of their parents are clearly more vulnerable to inappropriate involvement in the marital subsystem.

The overt sexual activity between father and daughter most often begins following some unusual or prolonged stress which further disrupts the family equilibrium (Trepper and Barrett, 1989). Such stressors include job loss, maternal illness or absence from home, or the death of someone in the extended family. Regardless of the type of stress, the balance between the husband and wife is shaken and the daughter is placed, both consciously and unconsciously, into the wife's role. For example, in the Smith family described earlier, Michael began to abuse his seven year old daughter when his wife, Tamara, was finally able to get a job. As Tamara became increasingly independent, Michael felt abandonned. In addition, Tamara was less available to receive Michael's projections, such that he then needed a new receptacle for his intolerable victimized part. His daughter became that receptacle.

The siblings in a family may further collude with the abuse of the victim, unconsciously sacrificing their sister in order to protect themselves or to keep their father happy. This isn't to imply that siblings know of the incest and encourage it; more, they may learn to avoid the parental projections and allow the victim to be scapegoated in the process. In some families several or all of the children may be abused, yet may never acknowlege this to their siblings. In such families,

interpersonal boundaries are probably quite diffuse, and split-off parts are randomly projected and introjected among family members.

Once the abusive pattern is set in place, the victimized daughter internalizes these family dynamics. Thus, what was an interpersonal experience of abuse becomes an internal one. To paraphrase Calof (1991), an individual is a snapshot of the family collection of part-objects. Not only does the incest victim internalize the projected and actual experience of victimization, but also introjects the roles of absent mother and victimizing father (Davies and Frawley, 1992). The triangle in the family can therefore be maintained internally as well as externally. A clinical example follows.

Joanne had been sexually victimized by her father for many years, beginning at age 9. The internalization of her victim role could be surmised through her adult behavior. Joanne frequently found herself involved with physically and emotionally abusive men, perpetuating the helpless stance of her childhood. In addition, she was quite self-abusive - she engaged in frequent binge eating, failed to pay her bills and taxes until she was in substantial financial difficulty, and had attempted suicide several times. Self-victimization allowed her to simultaneously experience her internal victim and perpetrator parts.

With her two daughters, Joanne vacillated between several roles. At times she seemed to be the needy child, turning to her

children for emotional support and experiencing rejection when they could not respond. In other instances she became the victimizer, flying into fitful rages and verbally degrading them. She also played out her internalized unavailable mother, ignoring her children's needs in the way that her own needs had been ignored. She explained that to forgive herself for either her abusive or neglectful mothering would be tantamount to forgiving the abuse and neglect by her parents, a completely unacceptable alternative. Instead, the hatred engendered in her early experience of victimization was kept alive in her internal world. In addition, her daughters became vulnerable to the ongoing transmission of these dysfunctional relationships, since they became containers for the kaleidoscope of their mother's split-off parts.

The description of the multi-generational patterns in incest has now come full circle. Internal experiences become interpersonal ones via projective identification; interpersonal experiences are internalized, keeping the family traumas alive and ripe for projection onto the next generation. With this theoretical outline in place, implications for the treatment of father-daughter incest will be delineated.

Recent accounts (Giaretto, 1982; Trepper and Barrett, 1989) have suggested that the family treatment of incest requires considerable flexibility, and should include work with the individuals, marital pair, siblings, and the entire family.

While such a treatment is considerably more complex than either family therapy or individual therapy alone, it allows a therapist to address the interpersonal or systemic issues as well as the intrapsychic mechanisms that drive these relationships. It is also helpful to utilize co-therapists or a treatment team whenever possible, to help with both the difficult logistics and to provide support in the face of myriad countertransference reactions.

No specific formula dictates which system or subsystem of the family to treat first. As was already described, internalized relationships get played out interpersonally and interpersonal behaviors get internalized, such that each level mutually and simultaneously effects the other. Treatment can then mirror these processes by dealing with individual, subsystem and family issues at various times in the therapy.

Since all levels cannot be discussed simultaneiously, this discussion will arbitrarily begin with treatment of the family system. Family work is primarily geared toward structural change of the system (Trepper and Barrett, 1989). For the incestuous family, this means helping them establish clearer boundaries between family members and opening their external boundary to support from outside. For instance, the parents can be assisted with setting limits on their children when needed and to engage outside helpers, rather than their daughter, when faced with problems. This helps establish the parents as the adults, and

frees the child from her caretaking role. Discussions of sexuality can be redirected to marital sessions, demonstrating that certain topics and behaviors should not include the children. Similarly, the therapist can help the family establish better physical boundaries. For example, in one family I worked with the parents had shared their bedroom with their daughter for all of her 16 years, and in treatment we discussed the benefits of her sleeping in a separate room. The family can also be directed to outside support networks in order to reduce their isolation and open up their rigid external boundary.

In conjunction with work on the family level, subsystems of the family should be addressed separately. The siblings, who often feel survivor guilt, envy and anger towards the victim need a chance to discuss their reactions. The mother-daughter bond is often quite weak and should be a large focus of treatment. The incest victim may hold her mother responsible for not protecting her (Swanson and Biaggio, 1985). The mother must be able to withstand the daughter's rage and begin to establish herself as the parent to her parentified child, which may involve mourning her own lack of early mothering.

The marital subsystem needs considerable attention as well. The therapist, instead of the victim, can serve as the third leg of the triangle while the couple works on their extensive problems (Bowen, 1976). Here the therapy can address the collusive patterns in the marital relationship, including the

dissociation and projective identification of unwanted parts. For instance, in the Smith family described earlier, Michael was helped to realize his rage at his father and that his feelings of helplessness were so intolerable that he looked for someone else to experience them. Tamara recognized in therapy that she had chosen a partner who kept alive her abusive past and that she had not grieved over her lost childhood. They could then begin to address how they had been living out these painful internal objects in their marital relationship, then focus on healthier ways of relating.

Individual therapy can also be useful at various points in the family treatment of incest. Each parent can be helped to look more deeply at their individual dynamics and to reintegrate their split-off parts. The child victim should certainly be provided with individual therapy since she has internalized the dysfuntional family relationships, as well as experiencing the abuse. Developmentally appropriate techniques, such as play therapy for younger children, can help work through the trauma and can parallel the systemic work going on with the family. The Smith's daughter, Kim, acted out the family traingle by repeatedly having three dolls take turns at hitting, being hit, and ignoring the violence. Each doll could be seen as representing both a role in her family, and an internal aspect of her self. She could then begin to talk about the victim doll's anger at the one who hit and the one who failed to protect. With

her anger at the family being addressed, her internal object relationships could also start to change.

Overall, the family treatment of father-daughter incest must include an acknowlegement of the systemic patterns which set the stage for the abuse, as well as recognition that the internalized split-off parts in individuals represent various aspects of family trauma. The therapist must understand that the family patterns in abuse are internalized then recreated through mutual projective identification in the marital pair, and in the triangulation of the victim into that relationship. It is only when both the internal and external family patterns are exposed and re-integrated that the incestuous pattern can be arrested and the trauma healed.

REFERENCES

Anderson, L.M. & Shafer, G. (1979). The character-disordered family: A community treatment model for family sexual abuse. American Journal of Orthopsychiatry, 49(3), 436-445.

Bowen, M. (1976). Theory in the practic of psychotherapy. In P. Guerin (Ed.), Family Therapy (pp.42-90). New York: Gardener Press.

Burkett, L.P. (1991). Parenting behaviors of women who were sexually abused as children in their families of origin. Family Process, 30(4), 421-434.

Calof, D. (1991, March). Adult children of incest and child abuse. Workshop presented at The Family Networker Symposium, Washington, D.C.

Cavanaugh-Johnson, T. (1988). Child perpetrators- children who molest other children: Preliminary findings. Child Abuse and Neglect, 12, 219-229.

Cohen, T. (1983). The incestuous family revisited. Social Casework, 64, 154-161.

Criville, A. (1990). Child physical and sexual abuse: The roles of sadism and sexuality. Child Abuse and Neglect, 14, 121-127.

Davies,J.M. & Frawley, M.G. (1992). Dissociative processes and transference- countertransference paradigms in the psychoanalytically oriented treatment of adult survivors of chilhood sexual abuse. Psychoanalytic Dialogues, 2(1), 5-36.

Dell, P. (1989). Violence and the systemic view: The problem of power. Family Process, 28(1), 1-14.

Finkelhor, D. (1978). Psychological, cultural, and structural factors in incest and family sex abuse. Journal of Marriage and Family Counseling, 4, 343-364.

Giaretto, H. (1978). Humanistic treatment of father- daughter incest. Journal of Humanistic Psychology, 18, 17-21.

Giaretto, H. (1982). Integrated treatment of child sexual abuse: A treatment and training manual. Palo Alto, CA: Human Sciences and Behavior Books.

Goldner, V., Penn, P., Sheinberg, M., & Walker, G. (1990). Love and violence: Gender paradoxes in volatile attachments. Family Process, 29(4), 343-364.

Grotstein, J.S. (1981). Splitting and projective identification. New York: Jason Aronson.

Klein, M. (1946). Notes on some schizoid mechanisms. International Journal of Psychoanalysis, 27(3), 99-110. Also published in Envy and gratitude and other works, 1946-1963, New York: Delacorte Press, 1975.

Minuchin, S. (1974). Families and family therapy. Cambridge, Mass.: Harvard University Press.

Mrazek, P.B. (1981). Special problems in the treatment of child sexual abuse. In P.B. Mrazek and C.H. Kempe (Eds.) Sexually abused children and their families. New York: Pergamon Press.

Racker, H. (1957). The meanings and uses of countertransference. Psychoanalytic Quarterly, 26, 303-357.

Rasmussen, L.A., Burton, J.E. & Christopherson, B.J. (1992). Precursors to offending and the trauma outcome process in sexually reactive children. Journal of Child Sexual Abuse, 1(1), 33-48.

Schact, A.J., Kerlinsky, D., and Carlson, C. (1990). Group therapy with sexually abused boys: Leadership, projective identification and countertransference issues. International Journal of Group Psychotherapy, 40(4), 401-416.

Searles, H. (1963). Transference psychosis in the psychotherapy of schizophrenia. International Journal of Psychoanalysis, 44, 249-281.

Slipp, S. (1984). Object relations: A dynamic bridge between individual and family treatment. New York: Jason Aronson.

Swanson, M.S. & Biaggio, M.K. (1985). Therapeutic perspectives on father-daughter incest. American Journal of Psychiatry, 142(6), 667-673.

Trepper, T.S. & Barrett, M.J. (1989). Systemic treatment of incest. New York: Brunner/Mazel.

Truesdell, D.L., McNeil, J.S., and Deschner, J.P. (1986). Incidence of wife abuse in incestuous families. Social Work, 31, 138-140.

Vanderbilt, H. (1992, February). Incest: A chilling report. Lear's, pp. 49-77.

Vander Mey, B.J. (1988). The sexual victimization of male children: A review of previous research. Child Abuse and Neglect, 12, 61-72.

Zinner, J. (1989). The implications of projective identification for marital interaction. In J.S. Scharff (Ed.), Foundations of object relations family therapy, Northvale, N.J.: Jason Aronson.